## DEPARTMENT OF DEFENSE SCHOOL AGE PROGRAM ANNUAL SUMMARY OF OPERATIONS

REPORT CONTROL
SYMBOL

## **INSTRUCTIONS**

Complete the following information for your Services. If the information is available for Reserve and other school age programs under your Service's jurisdiction, complete a separate form. Date of record for specific entries noted by an asterisk (\*) is the last Wednesday in September of each fiscal year. Reporting period is Fiscal Year (last October 1 to current September 30).

1. BRANCH OF SERVICE		2. DATE OF REPORT (YYYYMMDD)		3. TOTAL INSTALLATIONS PROVIDING SCHOOL AGE CARE (SAC)			
4. LOCATION OF PROGRAMS (X all the		5. TOTAL ONE TIME CAPACITY OF ALL SCHOOL AGE PROGRAMS					
a. CHILD DEVELOPMENT PROG		a. CHILD DEVELOPMENT CENTERS			l		
b. YOUTH PROGRAMS ONLY		b. FAMILY CHILD CARE					
c. SCHOOLS ONLY			c. YOUTH PROGRAMS				
d. BOTH CHILD DEVELOPMENT AND YOUTH PROGRAMS			d. SCHOOLS			]	
e. OTHER (Specify)			e. OTHER				
			f. TOTAL				
6. NUMBER OF YOUTH ENROLLED	CIVILIAN	MILITARY	7. ATTENDA	NCE ON DATE OF RECOR	RD* CIVILIAN	MILITARY	
a. CHILD DEVELOPMENT PROGRAM	S (a)	(b)	a. CHILD DE	VELOPMENT PROGRAMS	(a)	(b)	
(1) CHILD DEVELOPMENT CENTERS			(1) CHILD DEVELOPMENT CENTERS				
(2) FAMILY CHILD CARE			(2) FAMIL	(2) FAMILY CHILD CARE			
b. YOUTH PROGRAMS			b. YOUTH P	o. YOUTH PROGRAMS			
c. VACATION DAY CAMPS			c. OTHER				
d. OTHER							
8. NUMBER OF CHILDREN ENROLLE	NEEDS	9. NUMBER OF CHILDREN ON WAITING LIST					
10. WAITING LIST BY AGE GROUP 11. NUMBE			L R OF INSTALLATIONS THAT OFFER:				
a. 5 - 8 YEARS		a. BEFORE SCHOOL d. VACATION DAY CAMP					
b. 9 - 12 YEARS		b. AFTER SCHOOL (1) FULL DAY		L DAY			
c. SPECIAL NEEDS, 5 - 8 YEARS		c. BEFORE AND		(2) HALF DAY			
d. SPECIAL NEEDS, 9 - 12 YEARS		AFTER SCHOOL e. CHECK-IN					
12. PLACEMENT INFORMATION 13. FISCAL YEAR FINANCIAL DATA				s in millions)			
FOR FISCAL YEAR (Average a. APPROPPRIATED FUND (APF) SUPPORT (Excluding common support and utilities)							
placement time in months) b. INCOME FROM F		PARENT FEES					
c. NON-APPROPRI		ATED FUND (NAF) EXPENDITURES					
d. NAF SUBSIDY (N		NAF expenses over and above parent fees and					
	ation)						
14. SCHOOL AGE CARE DIRECTORS* 15.			15. TOTAL NUMBER OF OTHER SCHOOL AGE STAFF				
TOTAL POSITIONS:							
a. APF		16. CERTIFICAT					
b. NAF		a. NUMBER OF SAC PROGRAMS DOD CERTIFIED				]	
c. CONTRACT		b. NUMBER OF WAIVERS					
17. USER DATA (Average users by income category)				18. USDA FOOD PROGRAM ENROLLMENT DATA			
\$ %	Ď	\$	%	a. NUMBER OF PROGRAMS ENROLLED (Excluding FCC)		]	
a. CATEGORY I	d. CATEGORY	'IV				<u> </u>	
b. CATEGORY II	e. CATEGORY	′ V		b. TOTAL ANNUAL REIMBURSEMENT			
c. CATEGORY III						<u> </u>	
19. REMARKS (Use this space to clarify	answers. Continu	e on back if nec	essary.)				